FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
OMB Number	3235-0076					
Expires:	April 30, 2008					
Estimated average burden						
hours per response						

1437634

PROCESSED

APR 2 2 2008 1 THOMSON

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
1	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Participating Shares of Lehman Brothers Advisor Series - International Core Equity Ltd.									
Filing Under (Check box(ex Type of Filing: New New York)	s) that apply): w Filing	Rule 504 Amendment	Rule	505	Rule 5	06 [Section 4	(6)	ULOE
. ,		A. BAS	IC IDENTI	FICATION	ON DATA				
1. Enter the information r	equested about the	issuer							
Name of Issuer (check i Lehman Brothers Advi			_		te change.)			11110111111111111	
Address of Executive Officolo Lehman Brothers I	· =	-	nd Street, C rk, NY 100	•	Zip Code)	Telephone (212) 526			
•	Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Numbe 08046685							3046685	
Brief Description of Busine	SS								
Private Investment Fund L.P.	investing in affili	ated Master Fund	l, Lehman l	Brothers	Advisor Se	eries – Inter	rnational C	ore Equity	Master Fund
Type of Business Organization business trust	☐ limited partr	nership, already form			(please spe nited liabili	-	nan Islands	exempted	company with
Month Year Actual or Estimated Date of Incorporation or Organization: 09 07 🔀 Actual 🗆 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FN CN for Canada: FN for other foreign jurisdiction)									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

SEC 1972 (6-02)

required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)		···	- -				
Conti, Robert								
Business or Residence Addr 399 Park Avenue, New Yo		d Street, City, State, Zip	Code)		¥			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, Hotz, Lori	if individual)							
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		-			
399 Park Avenue, New Yo								
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)				_			
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)					
	(Use bl	ank sheet, or copy and u	se additional copies of this	s sheet, as neces	sary)			

]	B. INFOR	MATION	ABOUT	OFFERI	NG					
1.	Has the issu	er sold, or	does the is	suer inten	d to sell, to	non-accre	edited inve	stors in th	is offering	?					No ⊠
Answer also in Appendix, Column 2, if filing under ULOE.											IQ.				
2.	**									\$ <u>500,000*</u>					
	*Represents the minimum initial investment. The Directors may, in their sole discretion, increase or reduce such amount, provided, however, that at no time will the Feeder Fund accept an aggregate initial subscription per participating shareholder of less than \$100,000. Additional investments may be made in increments of \$100,000 (or such other amounts as the Directors may determine).														
3.	Does the off	ering pern	nit joint ov	vnership o	f a single u	mit?		•••••						Yes	No
4.	remuneratio person or ag	n for solic gent of a b	itation of proker or de	ourchasers ealer regis	in connectered with	tion with the SEC a	sales of se ind/or with	curities in a state or	the offering states, list	ng. If a pe t the name	erson to be of the bro	e listed is a oker or dea	on or similar in associated iler. If more nat broker or	⊠	
Ful	ll Name (Last	narne first,	if individu	ıal)											
	siness or Resid				reet, City,	State, Zip	Code)			<u></u>					
	me of Associa		or Dealer	. "											
	tes in Which F		ed Has So	licited or I	ntends to S	Solicit Pure	chasers			<u> </u>					
	(Check	"All State	es" or check	k individu:	al States)								**************	🛛 All S	tates
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
F 1	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
rul	ll Name (Last i	name first,	ii individi	ial)											
Bus	siness or Resid	lence Add	ress (Numl	ber and St	reet, City,	State, Zip	Code)								
Na	me of Associa	ted Broker	or Dealer									~			
Sta	tes in Which P	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	chasers							· ·	
	(Check "All	States" or	check indi	vidual Sta	tes)		•••••	•••••	•••••	***************************************	•••••	*************		🔲 All S	tates
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] (MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ful	l Name (Last r	name first.	if individu	ıal)	<u>-</u>	· · ·									
Bus	siness or Resid	lence Addi	ress (Numb	er and Str	eet, City,	State, Zip (Code)					n 1			
Nai	me of Associat	ed Broker	or Dealer										-		
Stat	tes in Which P	erson List	ed Has Sol	icited or I	ntends to S	olicit Purc	hasers						 -	 	
(Check "All States" or check individual States)									🔲 All S	tates					
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS) [OR] [WY]	(ID) (MO) [PA] (PR)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	_ \$
	Equity	\$ <u>2,000,000,000</u>	\$ <u>33,902,072.62</u>
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	<u> </u>
	Partnership Interests	\$	_ \$
	Other (Specify)	\$	
	Total	\$2,000,000,000	\$33,902,072.62
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	26	\$ <u>33,902,072.62</u>
	Non-accredited Investors		_ \$
	Total (for filings under Rule 504 only)		_ \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		_ \$
	Regulation A		_ \$
	Rule 504		_ \$
	Total		_ \$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs	[] \$
	Legal Fees		№ \$ <u>75,000</u>
	Accounting Fees		
	Engineering Fees		
	Sales Commissions (specify finder's fees separately)		
	Other Expenses (identify)		
	Total		▼ \$75,000

		•	
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$. 🗆 \$
	Purchase of real estate	\$. 🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment	\$. 🗆 \$
	Construction or leasing of plant buildings and facilities	\$. 🗆 \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	\$. 🗆 \$
	Repayment of indebtedness	\$. 🗆 \$
	Working capital	\$	
	Other (specify): Investment Capital	⋈ \$ <u>1,999,925,000</u>	\$
	Column Totals	■ \$1,999,925,000	. 🗆 \$
	Total Payments Listed (column totals added)	⋈ \$ <u>1,999,9</u>	25,000
	D. FEDERAL SIGNATURE		
follow	suer has duly caused this notice to be signed by the undersigned duly authorized ring signature constitutes an undertaking by the issuer to furnish to the U.S. Se of its staff, the information furnished by the issuer to any non-accredited investor	curities and Exchange Co	mmission, upon written
Lehm	(Print or Type) an Brothers Advisor Series-International Core y Ltd.	Date 48 108	

Title of Signer (Print or Type)

Director

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

Name of Signer (Print or Type)

Lori Hotz